| | Fill in this information to iden | tify the case: | | | | |
|--------|---|---------------------------------|----------------------------|---|-------------|------------------|
| | United States Bankruptcy Court | | | | | |
| | Eastern Distri | ct of New York (State) | | | | |
| | Case number (If known): | Chapter 7 | <u></u> | | | |
| L | | | | 2023 ATR -4 P 1: 0 | ☐ Che | eck if this is |
| \sim | official Form 205 | | | | | ended filing |
| | | | | | | |
| I | nvoluntary Pe | etition Against | a Non-Ind | lividual | | 12/15 |
| a c | ase against an individual, use | the Involuntary Petition Agains | st an Individual (Official | btor subject to an involuntary case Form 105). Be as complete and acc tional pages, write debtor's name a | curate as | possible. If |
| Pa | ort 1: Identify the Chapte | er of the Bankruptcy Code U | Inder Which Petition | Is Filed | | |
| 1. | Chapter of the | Check one: | | | | |
| | Bankruptcy Code | Chapter 7 | | | | |
| | | Chapter 11 | | | | |
| Pa | ort 2: Identify the Debtor | | | | | |
| 2. | Debtor's name | HTV 18 INC | | | | |
| 3. | Other names you know the debtor has used in | | | | | |
| | the last 8 years | | | | | |
| | Include any assumed names, trade names, or doing business as names. | | | | | |
| 4. | Debtor's federal Employer Identification Number (EIN) | ☑ Unknown | | | | |
| | | EIN | | | | |
| 5. | Debtor's address | Principal place of business | | Mailing address, if different | | |
| | | 3721 18th Avenue Ste. 3 | i. | Same | | |
| | | Number Street | | Number Street | | |
| | | | | | | |
| | | | | P.O. Box | | |
| | | Brooklyn City | | City | State Z | ZIP Code |
| | | | Jidio Lii Godo | Location of principal assets, if principal place of business | | |
| | | Kings | | 970 East 18th Street | | |
| | | County | | Number Street | | |
| | | | | | | |
| | | | | Brooklyn City | NY State | 11230 IP Code |

| De | btor F | HTV 18 INC | Case number (if known) |
|-----|------------------------|---------------------------|---|
| | N | ame | |
| | | | |
| 6. | Debtor's v | website (URL) | N/A |
| | | | |
| 7. | Type of de | ebtor | Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) |
| | | | Partnership (excluding LLP) |
| | | | Other type of debtor. Specify: |
| _ | Tuma of d | - héaula | |
| 8. | Type of debusiness | entor s | Check one: |
| | | | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) |
| | | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | Railroad (as defined in 11 U.S.C. § 101(44)) |
| | | | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) |
| | | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) |
| | | | ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3)) |
| | | | ■ None of the types of business listed. |
| | | | ☐ Unknown type of business. |
| 9. | To the be | st of your | ☑ No |
| | knowledg | e, are any | |
| | bankrupto | cy cases by or against | Yes. Debtor Relationship |
| | | er or affiliate | District Date filed Case number, if known |
| | of this del | | |
| | | | Debtor Relationship |
| | | | |
| | | | District Date filed Case number, if known MM / DD / YYYY |
| | | | |
| | | | |
| Pa | art 3: R | eport About the | Case |
| 10 | Venue | | Objects |
| | vende | | Check one: |
| | | | Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district. |
| | | | ☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district. |
| | | | |
| 11. | Allegation | is | Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b). |
| | | | The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a). |
| | | | At least one box must be checked: |
| | | | |
| | | | The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount. |
| | | | ☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an |
| | | | agent appointed or authorized to take charge of less than substantially all of the property of the |
| | | | debtor for the purpose of enforcing a lien against such property, was appointed or took possession. |
| 12. | Has there | been a | ☑ No |
| | transfer o | f any claim | _ |
| | against the to any pet | e debtor by or | Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy |
| | to any per | inditel (| Rule 1003(a). |

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| otor HTV 18 INC | | | Case number (if | known) | |
|---|---------------------------|----------------------------|----------------------------------|-------------------------|---|
| | to | | | | |
| Each petitioner's claim | Name of petitioner | | Nature of petitio | ner's cłaim | Amount of the clair above the value of any lien |
| | Bonne Bisimha | a | Debt | | \$ <u>19,250.0</u> |
| | F F Consultan | ıts | Debt | | \$22,500.0 |
| | <u>-,</u> | | | | \$ |
| | | | Total of pe | etitioners' claims | \$ <u>41,750.0</u> |
| additional petitioning creditor statement under penalty of pealong with the signature of the Request for Relief | erjury set out in Part 4 | of the form, followe | | | |
| VARNING Bankruptcy fraud i 500,000 or imprisonment for up | | | | uptcy case can result i | in fines up to |
| etitioners request that an order etitioning creditor is a corporati preign representative appointed | ion, attach the corporate | te ownership statemer | nt required by Bankruptcy F | Rule 1010(b). If any pe | |
| have examined the information | in this document and h | have a reasonable bel | ief that the information is tr | ue and correct. | |
| Petitioners or Petitioners' Rep | resentative | | Attorneys | | |
| lame and mailing address of | petitioner | | | | |
| Bonne Bisimha | | | Printed name | | |
| lame | | | Filited flame | | |
| 1509 East 33 Street | | | Firm name, if any | * | |
| Brooklyn _{Sity} | | 11234 ZIP Code | Number Street | | |
| ame and mailing address of | | | | | |
| anc and maning address or | natitionar's rantesant | tative if any | City | State | ZIP Code |
| | petitioner's represent | tative, if any | City Contact phone | | ZIP Code |
| ame | petitioner's represent | tative, if any | Contact phone | | ZIP Code |
| | petitioner's represent | tative, if any | • | | ZIP Code |
| umber Street | | ZIP Code | Contact phone | | ZIP Code |
| lumber Street | State | ZIP Code | Contact phone | | ZIP Code |
| umber Street ity declare under penalty of perjur xecuted on 04/04/2023 | State | ZIP Code | Contact phone Bar number State | | ZIP Code |
| declare under penalty of perjur executed on 04/04/2023 MM / DD / YYYYY | State | ZIP Code | Contact phone Bar number State | | ZIP Code |
| lumber Street City declare under penalty of perjurexecuted on 04/04/2023 | State Z | ZIP Code true and correct. | Contact phone Bar number State | | ZIP Code |

HTV 18 INC

Debtor

| tor <u>HTV</u> Name | 10 1140 | | | Case number (# | | |
|---|---------------------------|---------------------|-----------------------------|--|---------------|----------|
| | ng address of petit | tioner | | | | |
| F F Consulta | nts | | | Printed name | | |
| 1509 East 33 Number Street | 3 Street | | | Firm name, if any | | |
| Brooklyn City | | NY State | 11234 ZIP Code | Number Street | | |
| Name and maili | ng address of petit | tioner's repr | esentative, if any | City | State | ZIP Code |
| Boneh Bisim | ha | | | Contact phone | Email | |
| 1509 East 3 | 3 Street | | | Bar number | | |
| Brooklyn City | | NY State | 11234 ZIP Code | State | | |
| - | penalty of perjury that | | ng is true and correct. | | | |
| Executed on MM | / DD / YYYY | | | Signature of attorney | | |
| | | | | | | |
| | ner or representative, in | ncluding repres | sentative's title | Date signed MM / DD | /үүүү | |
| Signature of petition | | | sentative's title | Date signed MM / DD | /YYYY | |
| Signature of petition Name and mailin Name | ner or representative, i | | sentative's title | MM / DD | / YYYY | |
| Signature of petition Name and mailin Name Number Street | ner or representative, i | | ZIP Code | MM / DD | /үүү | |
| Name and mailing Name Number Street | ner or representative, i | tioner State | ZIP Code | Printed name Firm name, if any | State | ZIP Code |
| Name and mailing Name Number Street City Name and mailing | ner or representative, in | tioner State | ZIP Code | Printed name Firm name, if any Number Street City Contact phone | State | |
| Name and mailin Name Number Street City Name and mailin Name | ner or representative, in | tioner State | ZIP Code | Printed name Firm name, if any Number Street City Contact phone | State Email | |
| Name and mailing Name Number Street City Name and mailing Name | ner or representative, in | tioner State | ZIP Code | Printed name Firm name, if any Number Street City Contact phone Bar number | State Email | |
| Name and mailin Name Number Street City Name and mailin Name Number Street | ner or representative, in | State tioner's repr | ZIP Code esentative, if any | Printed name Firm name, if any Number Street City Contact phone Bar number State | State Email | |
| Name and mailin Name Number Street City Name and mailin Name Number Street City I declare under p | ner or representative, in | State tioner's repr | ZIP Code esentative, if any | Printed name Firm name, if any Number Street City Contact phone Bar number | State Email | |